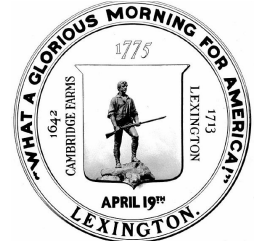


**Town of Lexington
Recreation and Community Programs Department
1625 Massachusetts Avenue
Lexington, MA 02421
(781) 698-4800**

* Alcohol is not permitted at any function.



FIELD PERMIT APPLICATION

Applicant: _____

Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

Email Address: _____

*Signature of Applicant _____ Organization _____

Directions: All requests must be accompanied by a roster(s) and signed "Acknowledgement of Receipt of Policy"
Applications for Multiple Field Use must be submitted a minimum of two weeks in advance of the event.

Type of Activity: Little League ☐ Baseball ☐ Softball ☐ Soccer ☐ Lacrosse ☐ Frisbee ☐
Field Hockey ☐ Football ☐ Fundraiser ☐ Other _____ ☐ Youth ____ Adult ____

Field Preferred: _____

Date(s) Requested: _____

Day of the Week: _____

Time: _____ to _____

Estimated Attendance _____

Disclaimer

The person whose name appears above is responsible for the action of all persons using the field site in association with this permit. This includes responsibility for the removal of all litter, and all damages to the site. The permit will immediately be revoked for the use of alcohol, any illegal substance, and violation of the law and any behavior deemed inappropriate by the Director of Recreation and Community Programs or his/her duly appointed representative. If at any time an unfavorable condition exists or conduct by a participant or participants is deemed inappropriate, the Director of Recreation and Community Programs or his/her duly appointed representative reserves the right, in the interest of public safety, to discontinue all activities or dismiss the person or persons detrimental to the activity.

As a condition of use the permit holder agrees to furnish at their own expense, Police or other protection, if deemed necessary by the Director of Recreation and Community Programs or his/her duly appointed designee, and to reimburse the Town of Lexington for any damages done to the site.

***My signature above indicated that I have read and agree to the above Disclaimer, received and read a copy of the "Town of Lexington Playing Field and Related Facility Permit Policy", and the information listed on the back of this application and understand and will fully abide by the terms, conditions and provisions contained or referred to therein. I further agree to release and save harmless the Town of Lexington, its officers, employees, agents, and attorneys from any and all liability or expenses arising out of any incident occurring at the permitted facility.**

Recreation and Community Programs Department Use Only

Field Permitted: _____ **Field Permit #:** _____

Date of Permit: _____ **Day:** _____ **Time:** _____

Entered into SportsMan: Yes ☐ No ☐ **Written documentation on CORI Received** ☐ **Insurance Certificate Received** ☐

Roster Submitted ☐ **% Lexington Residents** _____ **Administrative Fee Paid** ☐ \$ _____ **Date** _____

Conservation Commission Approval ☐ **Police Department Approval** ☐ **Fire Department Approval** ☐

Board of Health Approval ☐ **Town Manager's Office Approval** ☐

Recreation & Community Programs Staff _____ **Date** _____